Idaho Department of Education High School Equivalency Certificate

To obtain a High School Equivalency certificate, a completed High School Equivalency (HSE) Certificate Application, documentation and an appropriate fee **must** be submitted to the State Department of Education.

INSTRUCTIONS

The HSE application <u>must</u> include the following documentation:

- 1. Name
 - Applicant's full name
 - Name(s) under which the applicant was tested
 - The applicant's Social Security Number or Social Insurance Number.
- 2. Applicant's current address and phone number.
- 3. Applicant's date of birth and gender (male/female)
- 4. Date and site location where applicant took the GED tests.
- 5. Permanent residence if different from that given in item 2 above. (Residence may not be gained or lost by reason of military service.)
- 6. Verification of American Government course completion.
- 7. Photo copy of official GED transcript.
- 8. Applicant's *notarized* signature.
- 9. An appropriate application processing fee **must** be included:

Fees: \$10.00 High School Equivalency (HSE) Certificate \$5.00 Copy of previously issued HSE Certificate

When payment is made by check, allow three weeks for processing official transcripts. Money orders will allow processing of official transcripts within a week.

Upon receipt of the above-noted information, the certificate will be mailed directly to the applicant's **current address** as shown on the application form.

Send completed and signed application, documentation and appropriate fee to:

Idaho Department of Education Adult Education/GED Administration PO Box 83720 Boise, ID 83720-0027

For additional copies of this form, go to www.sde.state.id.us/certification/AdultEd.asp

(OVER FOR APPLICATION FORM)

Idaho Department of Education High School Equivalency Certificate

APPLICATION

All information requested must be supplied to determine eligibility to receive a High School Equivalency certificate.

1.	Name				SSN		
_	Last	First	Initial	Name Tested Und	der		
2 .	Current	Otro ot		O'h .			
	Address	Street		City	State	Zip	
	Area Code+Phon	e Number					
3.	Date of Birth	// o Day Yr					
	Mo	o Day Yr	Age Se	ex M/F			
4.	•			ested prior to 2002	Tested 2002	or after	
5.	Permanent Resid	ence Street					
		Street		City	State	Zip	
	(Residence may r	not be gained or los	st by reason	of military service.)			
6.						e testing site or a high m the school attended.	
	_	·					
7.	all five tests. If yo	ou tested during o	r after 2002	, the results must sh	now no score belo		
	average 450 (tota	al of 2250 or abov	e). This can	be obtained from the	testing site, if nece	ssary.	
8.	Remit a check or money order made payable to Idaho Department of Education, unless you have military status. Do not send cash! (Allow three weeks for processing checks and one week for money orders.) To qualify for a military fee waiver, active service personnel must submit a copy of Form DD-295, and veterans must submit a copy of Form DD-214.						
9.	IMPORTANT: I						
	Subscribed and	sworn to (or affirr	ned) before	me this	day of	, 20	
	Signature of Applicant						
	E A	Sig	nature of No	otary Public			
	L My Commission Expires						
		For	Idaho Departm	ent of Education Use Only	7		
		Applicati	on Rec'd Da	ate//			
				_Amt. Rec'd			